



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

THE TEACHING OF SURGICAL TECHNIC BY OPERATIVE DEMONSTRATION

By ELIZABETH KETCHUM

Graduate of the Roosevelt Hospital Training-School, New York

AS THE methods of teaching in training-schools are at present being much discussed, a brief description of a recent demonstration given by Dr. George E. Brewer in the Syms Amphitheatre of the Roosevelt Hospital to the pupils of the Training-School may be of some interest.

Having previously delivered a most practical and instructive lecture on the germ theory of wound infection, asepsis, and antisepsis, the suggestion that it should be followed by a clinic exclusively for nurses was at once adopted, Dr. Brewer kindly consenting to operate. Eight o'clock in the evening was the hour chosen, making it possible for all nurses on day duty to attend. Two simple cases were selected to demonstrate the difference between the aseptic and antiseptic methods. The surgeon was assisted by one member of the house staff and four nurses, graduates of the school. The nurse in charge was responsible, as usual, for all sutures and ligatures, the second passed instruments or held retractors, the third was responsible for the sponges, and the fourth gave the anæsthetic.

While the patient was being anæsthetized the method of hand disinfection was demonstrated, and the reason for each step in the procedure carefully explained. Then followed the final cleansing of the area of operation, which, in the first case, was for the removal of a small tumor in the gluteal muscle. Censors were appointed by Dr. Brewer from among those who had had some training in operating-room work to report at once any apparent error in the technic of the operator or his assistants. Attention was drawn to the different tissues as they came into view, and the tumor—which appeared benign and afterwards proved so—was quickly removed, sutured, and a sterile dressing applied.

During the operation the different materials—such as catgut, silk-worm gut, silk, packing, etc.—were described and the importance of perfect asepsis in their preparation strongly emphasized.

In the second case, which was a tubercular ankle, disinfectants such as peroxide of hydrogen and formalin were used and a formalin dressing applied.

Between the two operations, while the second patient was being anæsthetized, cultures were taken from the gloves, dressings, towels, and suture material, demonstrating one of the means used to insure perfect technic in the nurses' preparation.

The interest of the pupils never flagged for one moment, and all expressed great appreciation of the thorough and interesting demonstration of such an important branch of their training.

HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 359)

WHAT a disturbance is created in the home life when the family physician diagnoses a case of infectious fever.

The whole economy of the household is upset; children are packed off to relatives or friends, that, besides being out of the way of infection, their school life may not be interrupted. Isolation has to be arranged for patient, trained nurse installed, Health Board notified, social engagements cancelled, and occasionally extra help provided for laundry or kitchen.

Finally the family settle down to face a long, tedious siege of isolation from their little world, lasting for weeks.

In a household blessed with a number of children hardly a year passes without the advent of some infectious disease, as children are peculiarly susceptible to infection, and, no matter how well they are guarded, are liable to meet with it at school, at play, in street-cars, and in places of amusement. Last week I heard of a case of scarlet fever carried home to a child by his nurse from some friends she had been visiting.

It is impossible oftentimes to trace the source of infection, but in some instances it comes from pure carelessness—one might say heartlessness—on the part of those who have fever in their homes.

Not wishing to forego their social pleasures, and without a thought of the suffering, trouble, and even death they scatter around, people have been known to enter crowded cars or public gatherings directly from a fever room without changing the clothing or using disinfectants, carrying hundreds of germs in the folds of their garments, sometimes leaving them with a kiss on the lips of their friends or folding them up in books, letters, and magazines as a legacy of suffering to the receivers.

When we realize that some fever germs live for months in a covered-in space, and when freed proceed to do their deadly work, the